

Exhibit A

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	2	Total Num. Inj.	4	TxDOT Crash ID
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Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 04/03/2020		*Crash Time (24HRMM) 2 3 4 5		Case ID 2004-00058		Local Use																																																	
*County Name McLennan				*City Name BRUCEVILLE-EDDY																																																			
<input type="checkbox"/> In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
ROAD ON WHICH CRASH OCCURRED *1 Rwy. Sys. IH *Hwy. Num. 35 2 Rwy. Part 1 Block Num. 3 Street Prefix N *Street Name INTERSTATE HIGHWAY 35 4 Street Suffix HWY																																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road Private Property/Parking Lot <input type="checkbox"/> Toll Road/Toll Lane Speed Limit 75 Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Street Desc. MAIN/PROPER																																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1 Rwy. Sys. Hwy. Num. 2 Rwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix																																																							
Distance from Int. or Ref. Marker 100 <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI 3 Dir. from Int. or Ref. Marker N Reference Marker 319 Street Desc. RRX Num.																																																							
Unit Num. 1 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State ON LP Num. 1095PV VIN 1 1 F U J I G I L I D R 1 2 H 1 1 J C 1 0 1 8 1 1																																																							
Veh. Year 2 0 1 7 6. Veh. Color RED Veh. Make FREIGHTLINER Veh. Model UNKNOWN 7 Body Style TT <input type="checkbox"/> Pol. Fire, EMS on Emergency: Explain in Narrative if checked																																																							
8 DLID Type 2 9 DL State CD 10 DL Num. C9408-68988-70905 9 DL Class 98 10 DL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY) 10 19 10 15 1 1 19 18 17																																																							
Address (Street, City, State, ZIP) 1156 CAEN AVE, WOODSTOCK, -- N4T0G3																																																							
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Pos. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>15 Age</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Rest.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 A/C Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>CURRY, 99 SANDEEP SINGH</td> <td>B</td> <td>2</td> <td>A</td> <td>1</td> <td>99</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>10</td> <td>LAMEY, 99 RAJINDER KAUR</td> <td>B</td> <td>32</td> <td>A</td> <td>2</td> <td>99</td> <td>1</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Person Num.	12 Pos. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject	18 Rest.	19 Airbag	20 Helmet	21 Sol.	22 A/C Spec.	23 Alc. Result	24 Drug Result	25 Drug Category	1	1	1	CURRY, 99 SANDEEP SINGH	B	2	A	1	99	1	97	N	96	96	97	97	2	2	10	LAMEY, 99 RAJINDER KAUR	B	32	A	2	99	1	97	N				
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SKYLARK LOGISTICS INC, 7295 MABON ROAD, CAMBRIDGE, ONTARIO N3C2V4																																																							
Proof of Ins. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name OLD REPUBLIC INSURANCE COMPANY Fin. Resp. Num. T35736C																																																							
Fin. Resp. Phone Num. (905) 523-5936 27 Vehicle Damage Rating 1 2 - F R - 3 27 Vehicle Damage Rating 2 3 - R P - 4 Vehicle Invented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
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TXDOY	Crash ID
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5 Pages SCANNED : Fri, 17 Apr 2020 19:17:43 GMT

CRASH NARRATIVE

CASE NUMBER: 2004-00058

OFFICER NAME: Martinez, J

NEAREST CITY: BRUCEVILLE-EDDY

CRASH DATE/TIME: 4/3/2020 11:45:47 PM

COUNTY: McLennan

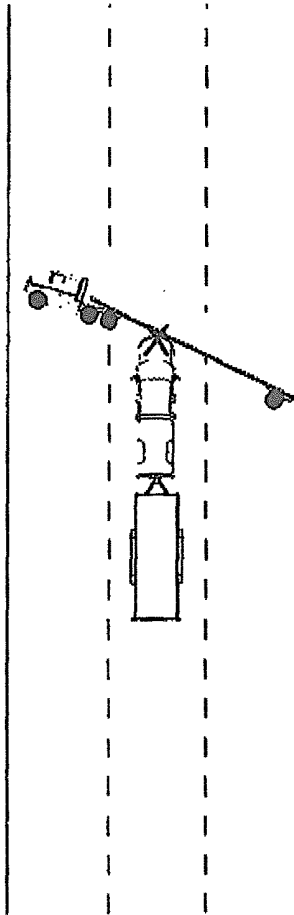
On 04/03/2020 at approximately 11:45 PM, Unit #1 was traveling northbound in the center of Interstate Highway 35 near mile marker 319 Bruceville, TX 76630. At this time Unit #1 began drifting towards the right side of the roadway, eventually crossing into the right-hand lane then into the right-hand shoulder and then off the roadway. Unit #1 then sharply turned towards the left side of the roadway causing Unit #1 to roll over. Immediately following the roll over of Unit #1, Unit #2 while also traveling northbound, crashed directly into the rolled over Unit #1. Unit #1 had extensive trailer damage, passenger side vehicle with no airbag deployment and caused significant damages to the guard railing of the Interstate. Unit #2 had extensive front end damages and had full airbag deployment from the crash. Both occupants to Unit #1 and Unit #2 were transported to the hospital by emergency medical services. Both Unit #1 and Unit #2 were towed by Tow King in Waco TX.

CASE NUMBER: 2004-00058
CRASH DATE/TIME: 4/3/2020 11:45:47 PM
OFFICER NAME: Martin02, J

NEAREST CITY: BRUCEVILLE-EDDY
COUNTY: McLennan



X = IMPACT



NB IH 35 MM 319